Marilli Miller Charles France in the square from the property in the contract of the contract 201807170059 07/17/2018 09:13 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A NAME & PHONE OF CONTACT AT FILER (optional)				
Diana Norberg (509) 327-9634 B. E-MAIL CONTACT AT FILER (aptional)				
dianan@upfservices.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	∽ I			
Chronos Mortgage Solutions	1			
12410 E. Mirabeau Parkway, Ste 100				
Spokane Valley, WA 99216				
Spokano validy, vivi dožijo	1			
	THE ABOVE SP	ACE IS FOR	FILING OFFICE USE OF	NLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's — name will not fit in line 1b; leave all of item 1 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addenour (Form UCC1Ad)				
	the individual Debtor Information in Item 10 of	the Financing :	Statement Addendum (Form L	JCC1Ad)
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MIKOTA	ERIC	1.		OGITIA
1c. MAILING ADDRESS	CITY			COUNTRY
41528 Center St	Concrete	WA	98237-	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name)				
name will not fit in line 2b, leave all of item 2 blank, check here and provide	the Individual Debtor information in item 10 of	the Financing S	Statement Addendum (Form L	JCC1Ad)
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
				00
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				USA
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide only one secur	ed party name	(3a or 3b)	
3a ORGANIZATION'S NAME Puget Sound Cooperative Credit Union				
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME/SY/INITIAL/SY	SUFFIX
CS. INDIVIDUAL O CONTAINE	THOT PEROGRAE NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		JOHN
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
600 108th Ave NE Suite #1035	Bellevue	WA	98004	USA
4. COLLATERAL: This financing statement covers the following collateral:				_
CARRIER HEAT PUMP, ALONG WITH AFTER A				
UPGRADES AT THE PROPERTY LOCATED AT:		CONCRE	TE, WA 98237 AS	6
DOCUMENTED ON SUBSEQUENT LOAN DISBU	RSEMENT FORM(S).			
LECAL-LOTE 20 AND 24 DLOCK D. CADE LICE	N ON THE OKAGIT AS DE	DIATE	COODED IN W	
LEGAL: LOTS 30 AND 31, BLOCK D, CAPE HOR OF PLATS, PAGES 92 TO 97, IN SKAGIT COUNT	N ON THE SKAGIT, AS PER IV MASHINGTON	K PLAT F	RECORDED IN VO	JLUIVIE 8
51 1 2.115, 1 AGES 32 10 31, IN STAGIT COUNT	T, WASHINGTON.			
APN: P62994				
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Deceden't Personal Representative				
6a. Check only if applicable and check only one box:			if applicable and check only	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Trasmitting Utility			CC Filing
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buye			e/Licensor
8. OPTIONAL FILER REFERENCE DATA				